



Jonathan May, Conductor
 Cheryl Tristam, Director
 386-263-2543 Fax 386-263-2543
cheryl@flagleryouthorchestra.org

ENROLLMENT FORM

Student Information:

Last Name	First Name	Nickname
Street Address	Apt. No.	
City	State	Zip Code
Date of Birth	Home phone number	Email address for receiving correspondence*
School Attending 2009-2010		Grade in 2009-2010
Instrument: Violin _____ Viola _____ Cello _____ Bass _____		
Other instruments played?	Number of years playing each instrument?	
Orchestra/Band Director's Name	Musical Awards, Competitions, etc. (continue on back if necessary)	

Parent/Guardian Information:

Mother's Name		Father's Name	
Address (if different from above)		Address (if different from above)	
Home phone	Cell phone	Home phone	Cell phone
Business phone	Email address*	Business phone	Email address*

Private Music Teacher Information:

Private Teacher	Telephone	City	Years in study
-----------------	-----------	------	----------------

Class hours student available (please circle all that apply): 3:30 4:30 5:30

**Email is primary form of communication*